

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027366

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

927

STATE FILE NUMBER

FILED AUG 5 1963

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
St. Joseph

Length of stay, in 1b  
8 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION  
State Hospital #2

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Lafayette

c. CITY OR TOWN

Odessa

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

311 So 4th St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
Martha Denton Schrimsher

## 4. DATE OF DEATH

8/1/1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/2/1883

## 9. AGE (last birthday), IF UNDER 1 YEAR

80

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Florence, Colo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Eugene Denton

## 13b. MOTHER'S MAIDEN NAME

Mary Schaffer

## 14. NAME OF HUSBAND OR WIFE

Charles Schrimsher

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

Records State Hospital #2

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Coronary Insufficiency

over

INTERVAL BETWEEN ONSET AND DEATH  
7 mo.

### DUE TO (b)

Arteriosclerotic Heart Disease

over

7 mo.

### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fractured Femur

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall on Ward

## 20c. TIME OF INJURY

10:30

Month, Day, Year  
7/30/63

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Hosp ital Ward

## 20f. CITY, TOWN, OR LOCATION

St. Joseph

Buchanan

## COUNTY

Mo

## STATE

## 21. I attended the deceased from

1/10/63

to 8/1/63

and last saw her alive on 7/31/63

Death occurred at 4:35

A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Name or title)

C. Smith, M.D.

## 22b. ADDRESS

State Hospital # 2

## 22c. DATE SIGNED

8/1/63.

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

8/1/1963

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county) (State)

Odessa

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Hester-Bowman St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Aug 1, 1963

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

C. Smith, M.D.

VS 300  
Rev. 4/59

DATE AMENDED

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Permit issued 8-1-68

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

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